

**BEST AVAILABLE COPY**

9 2004

PTO/SB/01 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/> Customer Number: _____ <b>OR</b> <input checked="" type="checkbox"/> Correspondence address below			
Name Steven W. Webb			
Address Law Offices of Steven W. Webb			
City Encinitas		State CA	ZIP 92024
Country USA	Telephone 760-635-7530	Fax 760-635-7531	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Michael		Family Name or Surname Lehman	
Inventor's Signature 			Date 7-30-04
Residence: City Del Mar	State CA	Country USA	Citizenship USA
Mailing Address 12933 Caminito Bodega			
City Del Mar	State CA	ZIP 92014	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			